



TRANSMITTAL FORM

Express Mail Mailing Label No. EV289510793US

Application Serial Number	09/292,217
Filing Date	April 15, 1999
First Named Inventor	Gillies
Group Art Unit	1644
Examiner Name	Roark, J.
Attorney Docket No.	LEX-004
Patent No.	Not applicable
Issue Date	Not applicable

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ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input checked="" type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) Associate Power of Attorney (1 page)
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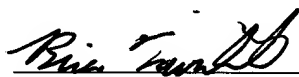
CORRESPONDENCE ADDRESS

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High Street Tower
125 High Street
Boston, MA 02110
Tel. No.: (617) 248-7000
Fax No.: (617) 248-7100

SIGNATURE BLOCK

Respectfully submitted,

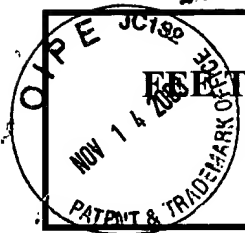
Date: November 14, 2003
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11-17-03

AF/1644

Express Mail Mailing Label No. EV289510793US



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FY 2004

Complete if Known	
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METHOD OF PAYMENT				FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other				3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.				Large Entity Fee (\$)			
3. <input type="checkbox"/> Applicant claims small entity status.				Small Entity Fee (\$)			
1. FILING FEE				Fee Description			
Large Entity Fee (\$)				Fee Paid			
770 Utility filing fee				130 65 Surcharge - late filing fee or oath			
340 Design filing fee				50 25 Surcharge - late provisional filing fee or cover sheet			
160 Provisional filing fee				130 130 Non-English specification			
				2,520 2,520 Request for ex parte reexamination			
				110 55 Extension for reply within first month			
				420 210 Extension for reply within second month			
				950 475 Extension for reply within third month			
				1480 740 Extension for reply within fourth month			
				2010 1005 Extension for reply within fifth month			
				330 165 Notice of Appeal			
				330 165 Filing a brief in support of an appeal			
				290 145 Request for oral hearing			
				130 130 Petitions to the Commissioner			
				180 180 Submission of Information Disclosure Statement			
				770 385 Filing a submission after final rejection (37 CFR 1.129(a))			
				770 385 For each additional invention to be examined (37 CFR 1.129(b))			
				100 100 Certificate of Correction for applicant's error			
				110 55 Submission of Terminal Disclaimer			
				Other fee (Specify)			
				Other fee (Specify)			
TOTAL:				SUBTOTAL (3) (\$)			
SMALL ENTITY DISCOUNT:				SUBTOTAL (1) 0.00			
SUBTOTAL (1) (\$)				SUBTOTAL (2) 0.00			
SUBTOTAL (2) (\$)				SUBTOTAL (3) 420.00			
2. AMENDMENT CLAIM FEES				TOTAL (\$)			
Claims Highest No. Present Rate Fee Paid				SUBTOTAL (1) 0.00			
Remaining Previously Extra				SUBTOTAL (2) 0.00			
After Amend. Paid For				SUBTOTAL (3) 420.00			
Total - = x \$ 18.00 =				TOTAL (\$)			
Indep. - = x \$ 86.00 =				SUBTOTAL (1) 0.00			
<input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$290.00 =				SUBTOTAL (2) 0.00			
TOTAL: (\$)				SUBTOTAL (3) 420.00			
SMALL ENTITY DISCOUNT: (\$)				TOTAL (\$)			
SUBTOTAL (2) (\$)				TOTAL (\$)			
CORRESPONDENCE ADDRESS				SIGNATURE BLOCK			
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100				Respectfully submitted Brian A. Fairchild, Ph.D. Attorney for the Applicants Testa, Hurwitz & Thibault, LLP High Street Tower-125 High Street Boston, MA 02110			